Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Subject Matter:: Utility
Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: TISSUE PAPER PENETRATED WITH

SOFTENING LOTION

Attorney Docket Number:: 4002-1001-1

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Inventor Applicant Authority Type:: GERMANY

Primary Citizenship Country:: Full Capacity

Status:: GUIDO

Given Name::

Middle Name::

BAUMOLLER Family Name::

LEICHLINGEN City of Residence::

State or Province of Residence::

GERMANY Country of Residence::

Street of Mailing Address:: AM TREPPCHEN 5

City of Mailing Address:: LEICHLINGEN

State or Province of Mailing Address::

Country of Mailing Address::

D-42799 Postal or Zip Code of Mailing Address::

Inventor Applicant Authority Type:: GERMANY

Primary Citizenship Country::

Full Capacity Status::

ROLF Given Name::

Middle Name::

KAWA Family Name::

MONHEIM City of Residence::

State or Province of Residence::

GERMANY Country of Residence::

Street of Mailing Address:: FONTANESTRASSE 28

MONHEIM City of Mailing Address::

State or Province of Mailing Address::

GERMANY Country of Mailing Address::

Postal or Zip Code of Mailing Address:: D-40789

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: DR. STEPHAN

Middle Name::

Family Name:: EICHHORN

City of Residence:: GERNSHEIM

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing Address:: TANNENSTRASSE 25

City of Mailing Address:: GERNSHEIM

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: D-64579

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
Representative easterner nameer.	

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application	Non-Provisional of	60/262,368	1/19/01

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::